

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

Chang

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

CTD0000841270

II. Name of Installation (Include company and specific site name)

CONRAIL CEDARHILL YARD

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

54 MEADOW STREET

Street (continued)

City or Town

NEW HAVEN

State

ZIP Code

CT

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2001 MARKET STREET 3C PO 41403

City or Town

State

ZIP Code

PHILADELPHIA

PA

19104-1403

V. Installation Contact (Person to be contacted regarding waste at site)

Name (last)

(first)

PATEL

ARNY

Job Title

Phone Number (area code and number)

ENVIRONMENTAL QUA. 215-209-1683

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☐ ☒

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CONRAIL

Street or P.O. Box

2001 MARKET STREET 3C PO 41403

City or Town

State

ZIP Code

PHILADELPHIA

PA

19101-1403

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

215-209-1683

P

P

Yes

No

X

Month

Day

Year

For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other—specify _____
- ☐ 3. Treater, Sorter, Disposer at Installation
Note: A permit is required for this activity; see instructions
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing or Burner
- ☐ b. Other Marketers
- ☐ c. Burners—Inclusive device(s)—Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing or Burner
- ☐ b. Other Marketers
- ☐ c. Burners—Inclusive device(s)—Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 – 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. EP Toxic (D000)

☒☒☐☐

List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)

D006

D007

D008

D009

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Arny Patel

Name and Official Title (type or print)

ARNY PATEL, ENVIRONMENTAL QUALITY

Date Signed

10/28/93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

NOTICE OF EPI ASSESSMENT

Facility CTD 000 841270 Name CONRAIL CEDAR HILL YARD GIS Number 144

This file has been reviewed by CDM Federal Programs Corporation under EPA Contract No. 68-W9-0002, Work Assignment No. R01006. The purpose of this review was to gather information pertaining to the Region I Environmental Priorities Initiative (EPI) and specifically, the GIS-based RCRA Ranking Model for the Integrated Environmental Management (IEM) effort.

The following documents have been reviewed:

	DATE	COMMENT
RCRA Facility Assessment		
Superfund Preliminary Assess		
Site Inspection		
Other Site Inspection		
Groundwater Assessment Rpts		
3007 "SWMU" Letter Response		
Part A Form		
Part B Form		
✓ Notification Form	8/15/80	
Letter from Connal	2/13/81	{ Note on letter shows ^① deleted TSD ② now a small generator

Information regarding this facility is being used in the IEM database. For additional information on the GIS Model and the status of data available regarding this facility, please contact:

Charles Franks
U.S. EPA Region I
JFK Federal Building, HER-CAN3
Boston, MA 02203

File Reviewed By P. Blumeris Date 9/13/90

REQUEST FOR CHANGE

10/90

EPA ID #: CTD 000841270

COMPANY NAME: Conrail Cedar HVI

Date of Request: _____

TOWN: North Haven

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation			
II**	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Parola JJ	<i>11/15/91 HWDMS</i> <i>RCRIS</i> <i>VP</i>	fees
b.	Installation Contact Title	ASST Dir mgr	✓	
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

** If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD000841270

INSTALLATION ADDRESS

CONRAIL CEDAR HILL YARD
54 MEADOW STREET
NEW HAVEN

CT 06511

UNIVERSAL DRIVE
NORTH HAVEN

CT 06511

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

001111

INSTALLATION'S EPA I.D. NUMBER										APPROVED					DATE RECEIVED (yr., mo., & day)				
CTD00008412705										A					800818				

I. NAME OF INSTALLATION

CONRAIL CEDAR HILL YARD

Aug 18 11 32 AM '80

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

54 MEADOW STREET

CITY OR TOWN

NEW HAVEN

ST.

ZIP CODE

CT 06511

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

UNIVERSAL DRIVE

CITY OR TOWN

NORTH HAVEN

ST.

ZIP CODE

CT 06511

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

J J PAROLA ASST DIV ENGINEER

203-497-4750

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CONSOLIDATED RAIL CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W	C	T	D	0	0	0	8	4	1	2	7	0	Z	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



DONALD A. SWANSON
VICE PRESIDENT TRANSPORTATION

AUG 15 1980